

## Continuity of Care

Continuity of Care refers to temporary transitional care for a qualifying medical condition when the medical provider is not a member of the health provider's network or panel of providers. Qualifying medical conditions include serious chronic conditions, pregnancy, and terminal illness with a high probability of death within one year or less.

### **New Health Plan Enrollees (New-Hires or Newly Benefited Employees)**

The City of San Jose offers new or newly benefited employees an out-of-network option through the Blue Shield PPO and POS plans which would cover the completion of ongoing care from any provider. For this reason new or newly benefited employees who enroll in either Kaiser or Blue Shield HMO are not eligible for Continuity of Care for themselves or their covered dependents under their new health plan.

### **New Health Plan Enrollees (Open Enrollment)**

If you change to Kaiser or Blue Shield HMO during the annual Open Enrollment Period you have the option to continue with your previous health plan or to choose the Blue Shield PPO or POS Option which would cover the services of your health care provider(s). For this reason employees who switch to Kaiser or Blue Shield HMO at Open Enrollment are not eligible for Continuity of Care for themselves or their covered dependents under their new health plan.

### **Established Health Plan Members**

**Kaiser:** Limited completion of services coverage is available for temporary transitional care from non-Kaiser providers who terminate a contractual agreement with Kaiser to provide services to Kaiser members. If you believe you are eligible for completion of services following the end of a contract between Kaiser and your treating non-Kaiser health care provider, contact the Kaiser Member Service Call Center at 1-800-464-4000.

**Blue Shield HMO:** A completion of care option is available for established members of the Blue Shield HMO Plan who are receiving care for a qualifying medical condition when a contracted provider leaves the Blue Shield network of providers. This does not happen often. If it does, Blue Shield will notify you of the date your personal physician or IPA/medical group will leave their network. If you believe you qualify for Continuity of Care after you receive such a notification, contact the Blue Shield HMO Member Services at 1-800-872-3941.

**Blue Shield PPO:** Established members of the Blue Shield PPO Plan have freedom to choose any provider outside their provider network. You would pay the non-preferred deductibles and co-payments for the services you receive.

**Blue Shield POS:** Established members of Blue Shield POS can use Tier 3 for covered services from any provider. You would pay the Tier 3 deductibles and co-payments for the services you receive.

